



The Journal

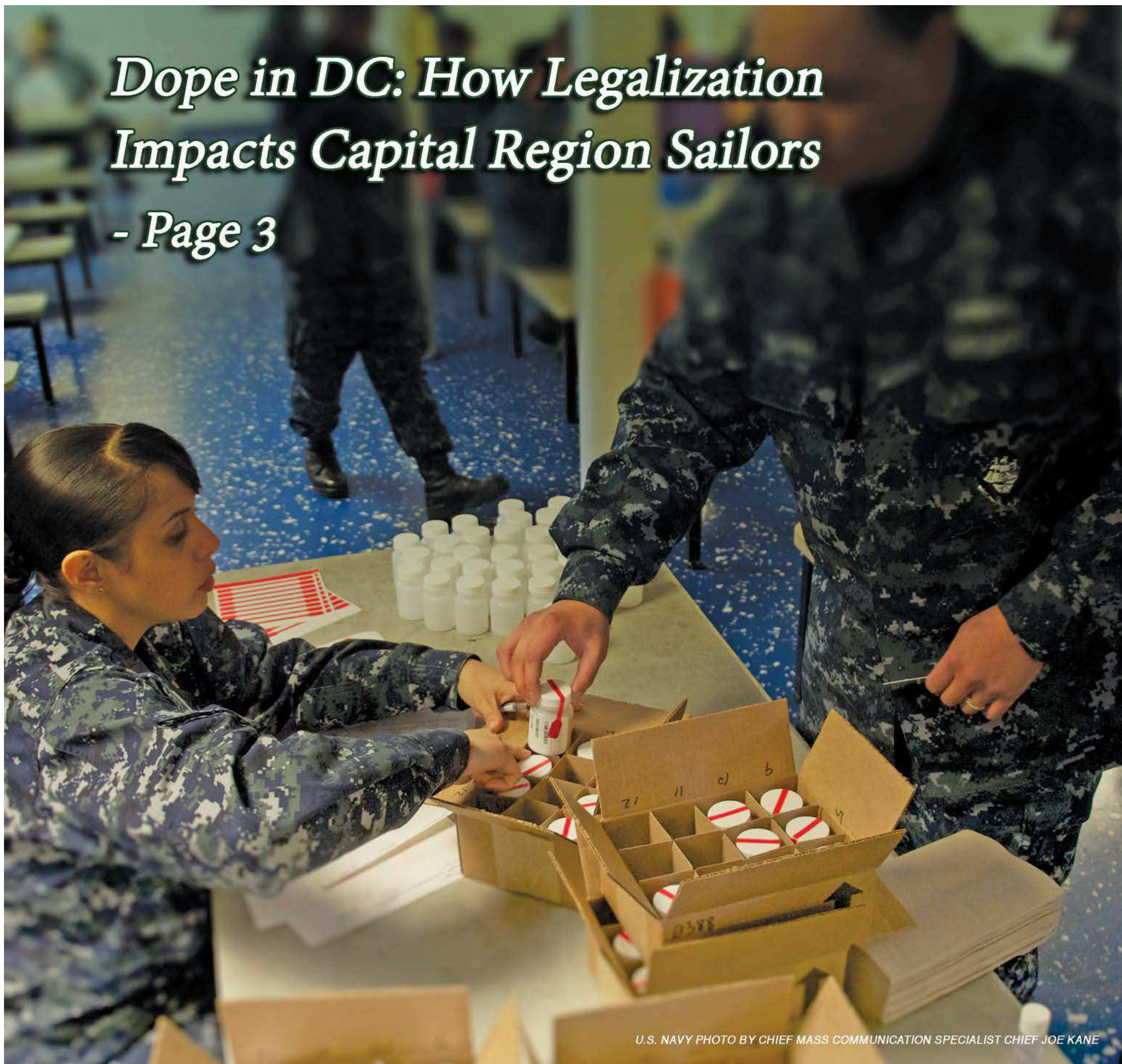
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September 22, 2016

Dope in DC: How Legalization Impacts Capital Region Sailors - Page 3



U.S. NAVY PHOTO BY CHIEF MASS COMMUNICATION SPECIALIST CHIEF JOE KANE

Commander's Corner

Greetings, all! October and its cooler days are just around the corner. I trust that many of us appreciate that brief period of "perfect days" that come between summer and fall, especially those of us who work outside.

I personally want to express my thanks to all of our Naval Security Forces team and our Auxiliary Security Force who have worked long hours, manning the gates at our entry control points through one of the hottest summers on record. They do it all to keep us safe and have done a fantastic job in achieving that goal.

An important event occurring in October that I'd like to highlight is our Navy's 241st birthday.

Our Navy is constantly growing, changing and adapting. In the last year, we launched the state-of-the-art destroyer USS Zumwalt (DDG 1000). The nation's first supercarrier, USS Gerald R. Ford (CVN 78), is scheduled to be commissioned in the very near future. As a key component of our nation's fighting force, we're leading the way on green initiatives, from fuel efficient ships to solar panels at shore installations.

When the hull hits the tide, we are a nimble and adaptive force, providing superior mission support to our nation, even when funding is tight and times are lean.

We should all be very proud of every individual Sailor who wears the Navy uniform, especially knowing that so many of our young women and men serving today signed up after 9/11 — when it was clear that our nation would be entangled in war for years to come, fighting to protect this country from those who would do harm to us.

I am also honored to serve with the many dedicated civilians and veterans on our team who are a part of the Navy's continuing story. Many of you served your country in uniform first, and now continue



Capt. Marvin L. Jones
NSAB Commanding Officer

your hallmark of stellar service through a second career with the Department of the Navy as federal employees. Others show their commitment by volunteering and servicing our Navy through a variety of jobs that come with constant challenges tied to ever-changing requirements and resources.

Together, you all provide outstanding customer service to this installation, its

mission partners and the people who visit here for a thousand different reasons 365 days a year. You — the people committed to the mission — are what makes our Navy so great. You are why we take the time to celebrate the Navy's birthday. We celebrate you and your success in helping keep America free.

So, Happy Birthday, NSAB family. I look forward to seeing you out and about.

Bethesda Notebook

- Birth Month Training**
Birth Month Training is required for all Walter Reed National Military Medical Center staff members. The next training in September is on Sept. 22 at 8 a.m. in Memorial Auditorium.
- Pre-Retirement Seminar**
A pre-retirement seminar is scheduled for Sept. 27-28 at Walter Reed National Military Medical Center (WRNMMC). The seminar is open to WRNMMC GS employees planning to retire within the next five years. Space is limited. Pre-registration is required. For more information, call 301-319-8510.
- Healing Arts Exhibit**
Artwork submissions for the Healing Arts Exhibit will be accepted until Oct. 7. The exhibit opening is scheduled for Oct. 26 from 3 to 7 p.m. in the pavilion between the America Garage and Building 19. For more information, contact Public Health Services Capt. Moira G. McGuire at 301-319-8755 or moira.g.mcguire.mil@mail.mil, or Jessica Simpson at 301-319-2896 or Jessica.l.shipman2.ctr@mail.mil.

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How Marijuana Legalization Impacts Capital Region Sailors

By MC3 William Phillips
NSAB Public Affairs

At 12:01 a.m. Feb. 26, 2015 marijuana became legal in the District of Columbia. For adults 21 and older with the passing of Initiative 71 legalizing the possession of two ounces of marijuana, cultivation of up to six plants inside of their D.C. home, but for Sailors in the National Capital Region marijuana is still prohibited.

According to OPNAV 5350.4D marijuana is still an illicit drug.

"Sailors who don't know the Navy instruction and think that since it is legalized in DC and live in the area, they think they are OK to smoke or use marijuana," said Culinary Specialist 1st Class Assou Koutouati, Naval Support Activity Bethesda's Command Assistant Drug and Alcohol Program Advisor (DAPA). "But since they are in the Navy they are prohibited from smoking or using marijuana."

The Navy's policy on drug abuse is "zero tolerance."

Sailors that have been determined to be using, possessing, promoting, manufacturing or distributing drugs and or paraphernalia will be disciplined as appropriate and will be separated from the Navy as required.

"A Sailor was separated from the Navy because they tested positive on a urinalysis," said Koutouati. "It is important for Sailors to know and understand what the rules are regarding drugs, especially marijuana now that states are starting to legalize it for recreational use for civilians."

THC, the main psychoactive component in marijuana, stays in a person's system for a varied amount of time.

"Depending on the dosage, method of consumption and one's metabolism, marijuana can stay in the system for up to 30 days," said Koutouati. "However in some cases with chronic usage THC may take up to 60 days to get out of one's system."

Marijuana impairs a person's judgment and their

ability to do basic tasks.

"Marijuana significantly impairs judgment, motor coordination, and reaction time, and studies have found a direct relationship between blood THC concentration and impaired driving ability," said Koutouati. "Studies have also suggested specific links between marijuana use and adverse consequences in the workplace, such as increased risk for injury or accidents."

Marijuana can lead to accidents in the workplace.

"One study among postal workers found that employees who tested positive for marijuana on a pre-employment urine drug test had 55 percent more industrial accidents, 85 percent more injuries, and 75 percent greater absenteeism compared with those who tested negative for marijuana use," said Koutouati.

For more information about the misuse of controlled substances and its consequences, reference Milpersman 1910-146.

Maxillofacial Prosthodontists Restore Patient Confidence

By Christopher Austin
USU Public Affairs

Faculty from the Uniformed Services University of the Health Sciences (USU) Postgraduate Dental College (PDC) are aiding service members and their families as part of the military's Maxillofacial Prosthetics programs at the Naval Postgraduate Dental School (NPDS) in Bethesda, Md., and the Air Force Postgraduate Dental School (AFPDS) in San Antonio, Texas.

Maxillofacial prosthetics is a subspecialty of prosthodontics that is dedicated to the treatment and management of patients with head and neck defects caused by traumatic injuries, surgical removal of cancer, or birth anomalies. The role of a maxillofacial prosthodontist is to replace and restore these missing structures and their functions by way of artificial substitutes, according to Navy Lt. Cmdr. Laleh Abdolazadeh, chair of the Maxillofacial Prosthetics department at the NPDS and Navy specialty leader for maxillofacial prosthetics and dental implants.

"The importance of the specialty is that [maxillofacial prosthodontists] work very closely with the medical, surgical and treatment planning teams to plan and provide a finished prosthesis best suited to return form and function to the patients after medical and/or surgical care has been completed," said Dr. Thomas Schneid, executive dean of USU's PDC. "They're the dental specialists who restore the patient's facial aesthetics, giving them the confidence to, once again, go out in public without being self-conscious about their appearance."

In addition to developing prostheses for patients, maxillofacial prosthodontists also create radiation shields for cancer treatment, surgical guides for dental

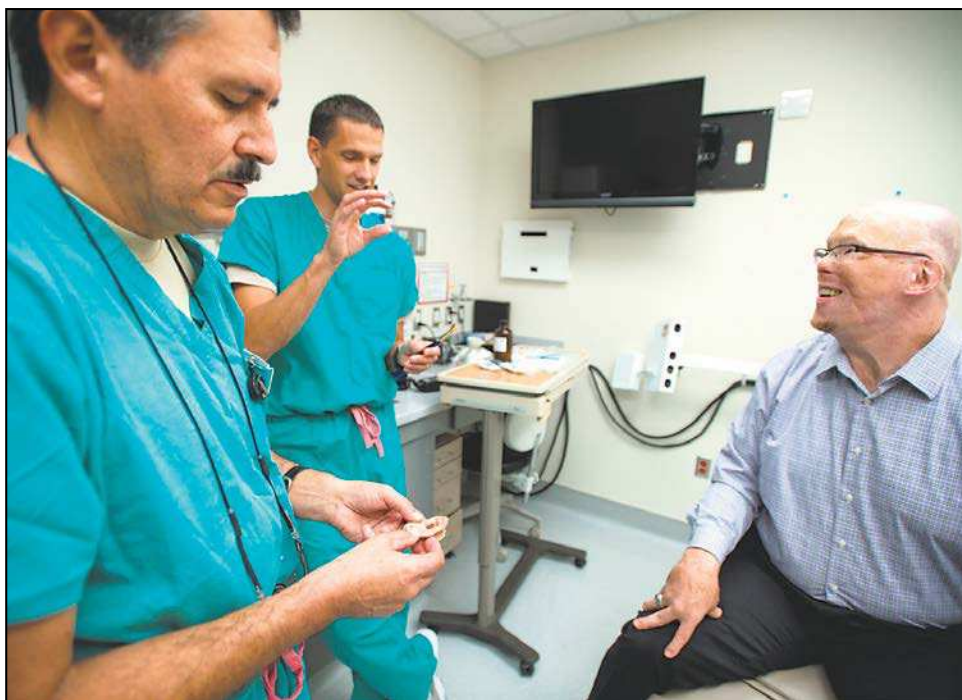


PHOTO BY STAFF SGT. KEVIN IINUMA

Col. Jose Villalobos (left), 59th Dental Group maxillofacial prosthetics program director, and Maj. Stephen Cherrington (center), 59th Dental Group maxillofacial prosthodontist, discuss retired Army Master Sgt. Todd Nelson's new prosthetic ear at the San Antonio Military Medical Center, Joint Base San Antonio-Fort Sam Houston, Texas, June 28.

implants, and models of patient's anatomy to aid in surgical treatment planning.

"We get to work with folks who are going through a real challenging time in their lives, and to see them overcome huge obstacles...where they can return and interact with their families is really inspiring," Air Force Col. Jose Villalobos, program director for the Maxillofacial Prosthetics fellowship at Joint Base San Antonio, Texas. "It's hard to put into words sometimes. I think many times we're able to have a degree of success only because of the ability of these patients to adapt to devices and prosthetics that we can provide."

Villalobos went on to describe one such patient the department is currently helping by creating an anatomically accurate model of the patient's skull and the tumor within it to aid medical specialists in planning surgical procedures. The department will also provide a proposed reconstruction that they fabricate virtually to help with the patient's recovery.

Those in the field have found the challenge it provides to be rewarding as well.

"This is the most rewarding career that I can possibly think of. If one chooses prosthodontics as a specialty, they should also pursue maxillofacial prosthetics,"

Abdolazadeh said. "The subspecialty of maxillofacial prosthetics challenges the prosthodontist in every way and fosters creative thinking utilizing the science and foundation of prosthodontics. Overcoming these challenges gives him or her the confidence to become a 'bullet-proof' prosthodontist. No matter how challenging the task, a maxillofacial prosthodontist would always find a way to address it."

According to Abdolazadeh, a maxillofacial prosthodontist provides perspective on formulating a comprehensive treatment plan with the end result in mind. She would like to increase awareness on the role of a maxillofacial prosthodontist as a member of a multidisciplinary treatment team.

"It is essential that the maxillofacial prosthodontists be involved from the diagnostic stages of treatment all the way through to the reconstruction phase," She continued. "Our input and recommendations during the initial treatment planning would impact the long term prognosis of a prosthetic reconstructive effort, and consequently, the patient's quality of life."

While the department still makes use of plaster casts and sculpting in the development of prostheses, new technology like 3D rendering programs and 3D printing is being integrated into the process.

"I'm really passionate about this specialty because I've seen the good that it has done. The interesting thing is that I trained in this area back in the early '90s when many of our patients were being treated as the result of trauma not related to war injuries, head and neck cancer, or because they

Conference Focuses on Care of Transgender Persons

By Bernard S. Little
WRNMMC Public Affairs

Starting Oct. 1, Department of Defense policy requires military services provide gender transition medical care to service members based on medical guidance. In preparation for the policy, Walter Reed National Military Medical Center hosted a two-day conference Sept. 13-14 focused on “caring for transgender persons in a changing environment.”

Dr. Karen S. Guice, the acting assistant secretary of defense for health affairs, spoke at the conference, explaining the policy was crafted following more than a year of careful and thorough planning involving military leadership, medical and personnel experts, transgender service members, advocacy groups, private corporation and individuals.

“We all recognize that transgender individuals are individuals first,” said Guice, who serves as the principal medical advisor to the secretary of defense. In this role, she administers the Military Health System’s \$50 billion budget, and is responsible for providing a cost effective, quality health benefit to 9.6 million active duty uniformed service members, retirees, survivors and their families.

A 2016 DoD study by the Rand Corp. estimates approximately 2,500 transgender individuals (out of a total of about 1.3 million active duty service members) serve in the activity component of the Armed Forces, and a little more than 1,500 transgender individuals serve in the Selected Reserve.

“Some will want care [in the MHS], and some will be



PHOTO BY SARAH MARSHALL

A two-day conference held at Walter Reed National Military Medical Center Sept. 13-14 focused on caring for transgender persons in a changing environment.

comfortable where they are now receiving care,” Guice said.

The study also estimates health care costs due to gender transition-related care would increase by \$2.4 million to \$8.4 million annually, representing a 0.04- to 0.13-percent increase in active-component health care expenditures. The study added “less than 0.1 percent of the total force would seek transition-related care that could disrupt their ability to deploy.”

Guice said the study also showed that 18 other countries currently allow transgender personnel to serve openly in their military, and “in no case was there any evidence of an effect on the operational effectiveness, operational readiness, or cohesion of the

force in those countries.

“Policy changes to open more roles to women and to allow gay and lesbian personnel to serve openly in the U.S. military have similarly had no significant effect on unit cohesion, operational effectiveness, or readiness,” the study found.

The DoD policy regarding transgender service and care is “straightforward and simple,” Guice added. She explained transgender individuals are subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention, consistent with military service and readiness.

“Any medical care and treatment provided to an individual service member in the process of gender transition will be provided in the same manner as other medical care and treatment,” the policy states.

“What’s important is the policy does not affect mission,” Guice continued. “We need to take good care of our patients regardless of what they come to us for. This isn’t really any different from taking care of all of our patients,” she said.

Navy Capt. (Dr.) Saira Aslam, WRNMMC director of healthcare operations, said Walter Reed Bethesda has received the Healthcare Equality Index certification, “a national LGBTQ benchmarking tool that evaluates health-care facilities’ policies and practices related to

See **TRANSGENDER**

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Walter Reed Bethesda Celebrates U.S. Air Force’s 69th Birthday

By Bernard S. Little
WRNMMC Public Affairs

“On the 18th of September 1947, the combat elements of the Army Air Corps moved away from the Army to form the United States Air Force,” said Air Force Col. Sharon Bannister, commander of the 79th Medical Wing at Joint Base Andrews, Md.

The colonel served as guest speaker for a celebration of the U.S. Air Force’s 69th birthday at Walter Reed Bethesda on Sept. 15. She leads more than 1,500 Air Force health care professionals operating in eight locations and providing Air Force medical forces for expeditionary deployment, homeland defense and operations worldwide.

Bannister explained that when the Air Force became a separate service, some support functions remained with the Army, including all medical assets. She said Air Surgeon, Maj. Gen. Malcolm Grow campaigned to create an Air Force medical service specific for the new military branch. In the summer of 1949, the Air Force Medical Service was established and Grow became the first Air Force Surgeon General.

“He always had a care and concern for people, which made him perfect for wanting to go into the medical profession,” Bannister said of Grow. After earning his medical degree from Jefferson Medical College in Philadelphia, Pa., in 1909, and prior to his U.S. military service, Grow traveled with the American Red Cross to Russia to assist in the Russian war effort in 1915. “This general surgeon was working hard in Kiev, Russia to keep people who were in desperate need of medical care, fit,” she stated.

Following his service in Russia, Grow came back to the United States and entered into the U.S. Army Medical Service in 1917. “He was quite an innovator, something

that we look for in our Airmen, Soldiers and Sailors,” Bannister said. “We look for that innovation to make care better, and [Grow] definitely did that.”

In July 1943, Grow received the Legion of Merit for developing body armor to protect combat crews. He also led the way in developing a steel helmet that saved many lives, Bannister said.

Grow earned the Distinguished Service Medal in 1944 for developing a device to protect gunners on airplanes from windblast, and he developed heated clothing, gloves, boots, hand warmers and casualty bags for wounded; wind and fire resistant face and neck protectors; and a special combat ration for use on long bombing missions.

Bannister explained it was during Grow’s service in Russia that he experienced combat stress, and this motivated him to help institute rest homes, a new special pass system, and special training for medical officers in tactical units following a study of mental health challenges troops faced in combat after he had joined the U.S. military.

Grow’s developments and innovations “helped to save many lives and increase the morale of those who were fighting the fight,” Bannister said. She added this is part of the U.S. Air Force’s heritage and legacy, and highlights that “what we do every day is incredibly important. The names of the people who have been trailblazers, [and] our reliance on their innovations, make us better today at taking care of our nation’s heroes,” she stated. Malcolm Grow Medical Clinics and Surgery Center at JBA is named in honor of the first Air Force Surgeon General.

Air Force Senior Airman Jennifer Stevenson continues in the legacy of Grow. She cares for today’s nation’s heroes at WRNMMC. The Greenville, S.C., native is an aerospace medical technician and the most junior Airmen at Walter Reed Bethesda. She assisted in cutting



PHOTO BY BERNARD S. LITTLE

The official party cuts a cake to celebrate the U.S. Air Force’s 69th birthday during a program Sept. 15 at Walter Reed National Military Medical Center.

the birthday cake celebrating the Air Force’s 69th birthday at WRNMMC.

Stevenson describes her four years in the Air Force as “awesome. I’ve gotten to live in Alaska, where I would have never dreamed of going as a civilian. It was a great first base and helped shape my view on the military. I really loved it and I worked with a lot of great people there. Then I got to come to another great place, which is here at WRNMMC and work in another big hospital with great people, which is what I was really looking forward to doing. It’s been a good experience.”

Stevenson added that she has had “a lot of great mentors” during her brief Air Force journey. She currently works in the medical intensive care unit at WRNMMC where she helps to take care of patients.

“I just like taking care of people,” she said. “I’ve always wanted to work in the medical field, and this was a great first step into the door to see what it was like.”



PHOTO BY CHRISTOPHER AUSTIN

Navy Lt. Cmdr. Dr. Laleh Abdolazadeh, Chair of Maxillofacial Prosthetics at the Naval Postgraduate Dental School and Navy Specialty Leader for Maxillofacial Prosthetics and Dental Implants, holds a 3-d printed model for a nose and radiation treatment wax bolus made using digitally printed models.

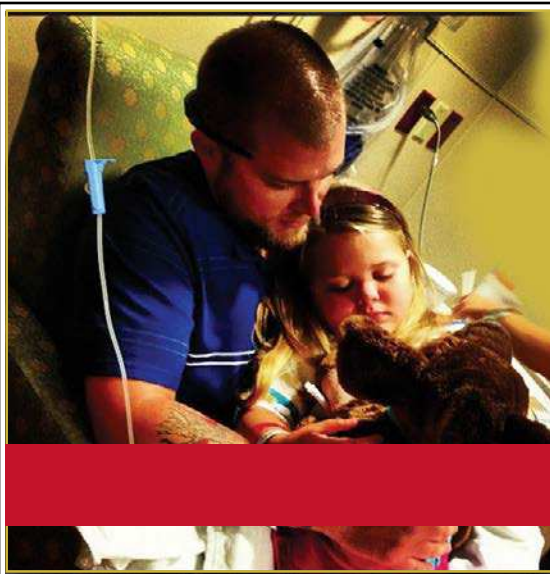
CONFIDENCE

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had developmental problems such as cleft lip or palate,” Schneid said. “The same kind of treatment we provided for those patients helped us develop the skills to treat the wounded warriors with traumatic head and neck injuries.”

The AFPDS and NPDS also offer residencies to those in the military studying to be prosthodontists. Those prosthodontics residencies are

affiliated with the PDC and their graduates earn a Master of Science Degree in Oral Biology from USU. Prosthodontics residents from the two schools rotate through their respective maxillofacial prosthetics department, giving them valuable exposure to critical wartime specialty. To be eligible to apply for training in maxillofacial prosthetics, dentists must first complete a prosthodontics residency. Application for these military programs can be submitted through their respective service Dental Education departments.



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TRANSGENDER

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the equity and inclusion of their LGBTQ patients, visitors and employees." She said WRNMMC is the first DoD facility to earn the certification, and this serves as an example of the medical center's commitment to provide excellent health care to all of its beneficiaries.

The conference also included a panel discussion with transgender persons and medical providers for transgender individuals.

Navy Lt. (Dr.) Robin Neal, a staff dentist at the Pentagon DiLorenzo Dental Clinic, explained his journey as a transman. With a wife and 14-month-old daughter, the 30-year-old lieutenant explained he began his transition last year, which was later than what he wanted but felt it necessary.

Neal explained the ultimate reason he began his transition is he wants his daughter "to know him as he wants her to know him." He added "the good" he has experienced during his transition are providers who have been eager to help him, "even though they may not have known exactly how to treat me." He said he has had some difficulties in the military system in general at other duty locations, "but here, I've only received the best care and I appreciate it."

"Transitioning brings a new dynamic for existing circumstances in relationships," Neal continued. He said mental health service is a great resource, as well as doing research into being transgender in regards to his recommendation to others considering transitioning.

Army Maj. (Dr.) Jaime Lee Henry, a general internists at WRNMMC, said her journey "has been a rocky road to travel and still be able to wear the uniform." She's been stationed in the D.C. area for 13 years after attending the Uniformed

Services University of the Health Sciences (USU). She began physically transitioning two years ago.

"Gender is one of the core aspects of being human," Henry said. She added people need to look past gender when they see a transgender service member, family member or child and recognize the person's humanity and realize that the person, like others, is just trying to live a good life. "For me, I just want to serve my country and see patients."

Retired Army Sgt. Natalia Harmon, who began transitioning in 2010 after she had left the military agreed, adding for providers, it's important they establish mutual trust and respect with all of their patients.

Air Force Maj. (Dr.) David Klein, chief of adolescent medicine at Fort Belvoir Community Hospital and assistant professor of family medicine and pediatrics at USU, said he began providing care to transgender persons more than four years ago, and they have been "one of his favorite populations to provide care."

Klein encourages other providers who will care for transgender individuals to not pretend they know everything or have all of the answers. "Make no assumptions," Klein said. "Let them know that if you mess up, such as in pronoun choice, to correct you. Try to have your clinic be trans-friendly, and educate because it permeates and changes culture."

Dr. Curtis Hobbs, director of the Diabetes Care Center and staff endocrinologist at Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., said he began caring for transgender patients "in part because [he] was asked to do so, but also because [he] was driven to do so."

"When my daughter was 17, I recalled hearing the door to our house rattle

at 3 in the morning like someone was trying to get in," Hobbs explained. "I went to check it and saw that it was my then 17-year-old son. I asked him, 'What are you doing out there at 3 in the morning?' He said, 'I needed to take a walk.'"

"I explored that further because I had just finished my suicide awareness training," Hobbs recalled. "I asked him, 'Is there anything I should know?' His answer was 'Yes.'"

"That was a really scary experience," Hobbs said.

"Fast forward, and now I have a daughter who is gainfully employed and doing really, really well," Hobbs continued.

"The difference was compassionate people who took care of her and gave her what she needed. I think that is what you are here to do," Hobbs concluded.

For more information about DoD's transgender policy, visit http://www.defense.gov/News/Special-Reports/0616_transgender-policy.

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